

AMENDMENT TRANSMITTAL LETTER				Docket No. 17469/004001																																											
Application No. 10/811,420-Conf. #2642	Filing Date March 26, 2004	Examiner Z. Vakili	Art Unit 1614																																												
Applicant(s): Busang Liu et al.																																															
Invention: TOPICAL COMPOSITION FOR TRANSDERMAL ADMINISTRATION																																															
<p style="text-align: center;">TO THE COMMISSIONER FOR PATENTS</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="6" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 20%;"></th> <th style="width: 10%;">Claims Remaining After Amendment</th> <th style="width: 10%;">Highest Number Previously Paid</th> <th style="width: 10%;">Number Extra Claims Present</th> <th style="width: 10%;">Rate</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">9</td> <td style="text-align: center;">- 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 26.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">4</td> <td style="text-align: center;">- 4 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 110.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td colspan="5" style="padding: 5px;">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="5" style="padding: 5px;">Other fee (please specify):</td> <td></td> </tr> <tr> <td colspan="5" style="padding: 5px;">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td style="text-align: center; padding: 5px;">0.00</td> </tr> </tbody> </table> <div style="margin-top: 10px;"> <input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> No additional fee is required for this amendment. </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. </div> <div style="margin-top: 5px;"> <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. </div> <div style="margin-top: 5px;"> <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0591</u> as described below. A duplicate copy of this sheet is enclosed. </div> <div style="margin-left: 40px; margin-top: 5px;"> <input checked="" type="checkbox"/> Credit any overpayment. </div> <div style="margin-left: 40px; margin-top: 5px;"> <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. </div> <div style="margin-top: 20px; margin-left: 100px;"> <div style="margin-left: 20px;"> <p>Dated: <u>December 30, 2008</u></p> <p>T. Chyau Liang, Ph.D. Attorney/Agent Reg. No.: 48,885</p> <p>OSHA · LIANG LLP 909 Fannin Street, Suite 3500 Houston, Texas 77010 (713) 228-8600</p> </div> </div>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	9	- 20 =	0	x 26.00	0.00	Independent Claims	4	- 4 =	0	x 110.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
CLAIMS AS AMENDED																																															
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate																																											
Total Claims	9	- 20 =	0	x 26.00	0.00																																										
Independent Claims	4	- 4 =	0	x 110.00	0.00																																										
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>																																															
Other fee (please specify):																																															
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00																																										